FORM D 1383617 UNITED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549	BECEIVED CO.	OMB APPROVAL OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden Hours per response: 16.00
FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,		SEC USE ONLY Prefix Seria DATE RECEIVED
SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPT	CION	
Name of Offering (check if this is an amendment and name has changed, and incompared the Brahman Partners II Offshore, Ltd. Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506		6) ULOE
Type of Filing: New Filing Amendment		PROCESSED
A. BASIC IDENTIFICATION	ON DATA	BEA 1 - A558
. Enter the information requested about the issuer		DEC 1 5 2006
Name of Issuer (check if this is an amendment and name has changed, and indicate Brahman Partners II Offshore, Ltd.	te change.)	THOMSON FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Citco Fund Services (Curação) N.V., Kaya Flamboyan 9, P.O. Box 4774, Netherlands Antilles		elephone Number (Including Area Code) 011-599-9-732-2222
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Te	elephone Number (Including Area Code)
Brief Description of Business To operate as a private investment fund.		
Гуре of Business Organization		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

FN

				A RASIC IDEN	TIFICATION DATA		
2.	En	tan tha informatio	on requested for th		THI CATION DATA		
۷.	0		•	e issuer has been organized	within the next five years:		
	0			_	or direct the vote or disposition	n of 10% or more o	fa class of equity securities
	U	of the issuer;	ii owner navnig tii	power to vote or dispose,	or affect the vote of disposition	i oi, 1076 of more o	a crass or equity securities
	0	Each executive	e officer and direct	or of corporate issuers and	of corporate general and mana	ging partners of part	nership issuers; and
	0	Each general a	nd managing parti	ner of partnership issuers.			
Check	Box(e	s) that Apply:	Promoter	Beneficial Owner	Executive Officer		General and/or Managing Partner
		ast name first, if Peter A.	individual)				
		Residence Addre	•	er and Street, City, State, Zi	•		
		n Capital Corp. s) that Apply:	Promoter	nue, 11th Floor, New Yo	Executive Officer	□ Director	General and/or Managing Partner
		Last name first, if Vijayabalan	findividual)				
Busines	s or I	Residence Addre	,	er and Street, City, State, Zi	•		
		iduciary Services) that Apply:	es (Cayman) Lin Promoter	nited, Ansbacher House, Beneficial Owner	P.O. Box 1234GT, Grand C Executive Officer	Cayman, Cayman I Director	slands General and/or
CHECK	503(0	s) that Apply.	Promoter	Beneficial Owner	Executive Officer	☑ Director	Managing Partner
		Last name first, if ean Services Lt					
Busines	s or I	Residence Addre	ss (Numbe	er and Street, City, State, Zi			
c/o Cit	co B	.V.I. Limited, C	Citco Building, V	Vickhams Cay, Road Tov	vn, Tortola, B.V.I., P.O. Bo	x 662	
Check l	Box(e	es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Na	me (l	ast name first, if	individual)				
Busines	ss or I	Residence Addre	ss (Numbe	er and Street, City, State, Zi	p Code)		
Check 1	Box(e	es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Na	me (L	ast name first, it	`individual)		. =		
Busines	ss or I	Residence Addre	ss (Numbe	er and Street, City, State, Zi	p Code)		
Check l	Box(e	s) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Na	me (l	ast name first, if	individual)				
Busines	s or I	Residence Addre	ss (Numbe	er and Street, City, State, Zi	p Code)		<u>.</u>
Check l	Box(e	s) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Na	me (I	ast name first, if	individual)				
Busines	ss or I	Residence Addre	ss (Numbe	er and Street, City, State, Zi	p Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			<u> </u>		В.	INFORMA	TION ABO	OUT OFFE	RING				
	A What is	inswer also the minim	in Append	lix, Colum nent that w	n 2, if filing ill be accep	g under UL oted from a	OE. ny individu	ıa1	his offering		<u>\$5,</u>	No ⊠ 000,000*	
4. 1 1	Enter the remune agent of	ne informate ration for s f a broker of to be liste	tion request solicitation or dealer re	ed for each of purchas gistered wi	person whers in conn the SEC	no has been ection with and/or wit	or will be sales of se h a state or	paid or giv curities in t states, list	en, directly the offering the name o	or indirect . If a perso f the broker	ly, any con on to be list r or dealer.	nmission or ed is an ass If more that	sociated person or an five (5)
Full Nam	e (Last	name first	, if individ	ıal)									
Business	or Resi	idence Ado	dress (Num	ber and Str	eet, City, S	tate, Zip C	ode)						
Name of	Associa	ated Broke	r or Dealer					<u></u>					
			ted Has Sol or check in			olicit Purch	asers					☐ AI	l States
[] []	AL] IL] MT] RI]	(AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	{DC} [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nam	ie (Last	name first	, if individ	ıal)			 						
Business	or Resi	idence Ado	dress (Num	ber and Str	eet, City, S	tate, Zip C	ode)						
Name of	Associa	ated Broke	r or Dealer										
			ted Has Sol or check in			olicit Purch	asers	-				☐ Al	l States
ij []	AL] IL] MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] (LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] {MD} [NC] [VA]	[DC] {MA} [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] {MN} [OK] [WI]	[HI] {MS} {OR] [WY]	[ID] {MO} [PA] [PR]
Full Nam	ne (Last	name first	t, if individ	ual)									
Business	or Resi	idence Ado	dress (Num	ber and Str	eet, City, S	tate, Zip C	ode)						
Name of	Associa	ated Broke	r or Dealer										
			ted Has So or check in			olicit Purch	asers					☐ AI	l States
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1,	Enter the aggregate offering price of securities included in this offering and the total amount already so "none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the col the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Aiready Sold
	Debt	\$	\$	
	Equity	\$1,000,000,000	- \$	159,500,000
	[X] Common [] Preferred			
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests		\$	
	Other (Specify)		<u>-</u>	
	Total		\$	159,500,000
	Answer also in Appendix, Column 3, if filing under ULOE.			<u></u>
	amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	A	Aggregate Dollar Amount of Purchases
	Accredited Investors		<u>\$</u>	159,500,000
	Non-accredited Investors		<u>\$</u>	
3.	Total (for filing under Rule 504 only)	sold by the issuer, tering. Classify secu	rities	by
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total		_	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subject the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	et to future continge		
	Transfer Agent's Fees	1	.]	\$0
	Printing and Engraving Costs	[X]	\$*
	Legal Fces	[X]	<u>\$*</u>
	Accounting Fees	[ΧЭ	\$*
	Engineering Fees	[]	\$0
	Sales Commissions (specify finders' fees separately)	[]	\$0
	Other Expenses (identify)	[X]	\$*
	Total	[X]	\$30,000*

^{*}All offering and organizational expenses are estimated not to exceed \$30,000.

b. Enter the difference between the aggregate offering price given in response expenses furnished in response to Part C - Question 4.a. This difference is t issuer."	he "ad	usted	gross proceeds to	the		\$999,970,000
Indicate below the amount of the adjusted gross proceeds to the issuer used purposes shown. If the amount for any purpose is not known, furnish an est estimate. The total of the payments listed must equal the adjusted gross proc C - Question 4.b above.	imate a	and ch	eck the box to the	left-	of the	: o Part
			Payments to Officers, Directors, & Affiliates			Payments to Others
Salaries and fees	[]	\$	[]	\$
Purchase of real estate	[1	\$	[]	\$
Purchase, rental or leasing and installation of machinery and equipment	[1	\$	ĺ]	\$
Construction or leasing of plant buildings and facilities	[}	\$	[]	<u> </u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]	\$	[]	\$
Repayment of indebtedness	[1	\$	[]	\$
Working capital	1	1	\$	I]	\$
Other (specify): Investment Capital	I	ХŢ	\$999,970,000	I]	\$
Column Totals	[X]	\$999,970,000	[J	\$
Total Payments Listed (column totals added)			[X] <u>\$</u>	999,	970,0	00
D. FEDERAL SIG	GNAT	URE				

5.

Issuer (Print or Type)

Peter A. Hochfelder

Brahman Partners II Offshore, Ltd.

Name of Signer (Print or Type)

Title of Signer (Print or Type) Director

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

	E. ST	ATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 presently subject to a	any of the disqualification provisions of such rule	?					
	See Appendix, Column 5,	for state response. Not applicable						
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable							
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable							
4.	The undersigned issuer represents that the issuer is familiar with Offering Exemption (ULOE) of the state in which this notic exemption has the burden of establishing that these conditions I	ce is filed and understands that the issuer clai						
	e issuer has read this notification and knows the contents to dersigned duly authorized person.	be true and has duly caused this notice to be	signed on its behalf by the					
Iss	uer (Print or Type)	Signature NA	Date					
Bra	ahman Partners II Offshore, Ltd.	Was 11	12/4/06					
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)						
Pet	ter A. Hochfelder	Director						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

BRAHMAN PARTNERS II OFFSHORE, LTD.

Î	Intend to non-acc invest Sta (Part B-	o sell to redited ors in ate	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of in	Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
			Common Shares Par Value U.S. \$0.01 per Share	Number of Accredited	(Part C-Ite	Number of Non- Accredited			
State AK	Yes	No	\$1,000,000,000	Investors	Amount	Investors	Amount	Yes	No
AL	ļ			<u>.</u>					<u>-</u>
AR	<u> </u>								
AZ	 								
CA		X	X	1	\$1,000,000	0	0		
CO		11		,	4.,000,000		-		
CT		X	Х	1	\$500,000	0	0		
DC					4200,000		· · · ·		
DE			'					•	1
FL					<u></u> ,,,				1
GA									
Hl									
lA									
ID									
IL		X	X	2	\$6,500,000	0	0		
IN									
KS									
KY									
LA									
MA									
MD									
ME									
MI		Х	Х	1	\$7,500,000	0	0		
MN									
МО	1			***		***			
MS								·	
MT									
NC									

APPENDIX

BRAHMA	N PARTNERS II OFFSHORE, I	LTD.
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	1			· · · · · · · · · · · · · · · · · · ·	Co II OFFOR	TRE, LID.			
1	Intend to sell to non-accredited investors in State (Part B-Item 1) Intend to sell to and aggregate offering price offered in state (Part C-Item 1) Yupe of security and aggregate offering price offered in state (Part C-Item 2)					State	Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	Common Shares Par Value U.S. Number of Non- S0.01 per Share Number of Accredited Accredited				Yes	No		
ND	1 03	No	\$1,000,000,000	1114031013	Amount	1111013	Amount	103	140
NE			· · · · · · · · · · · · · · · · · · ·						
NH								 	
NJ									
NM									
NV									
NY		X	X	4	\$44,000,000	0	0		
ОН									
ОК									
OR									
PA								<u>-</u>	-
PR								-	
RI									
SC									
SD									
TN			_						
TX		X	x	2	\$100,000,000	0	0		
UT									
VA									
VI									
VT									
WA									
WI			·						
wv									
WY								· · · · · · · · · · · · · · · · · · ·	